

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10716459

FILING DATE

11-17-07

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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42		/				
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44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50	/					
TOTAL IND.	5					
TOTAL DEP.	45					
TOTAL CLAIMS	50					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		5				
59		5				
60		5				
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		32				
TOTAL CLAIMS		32				